

Professional Licensing Boards Division 237 Coliseum Drive Macon, Georgia 31217-3858 (478) 207-1300

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CHANGE OF ADDRESS

Please mail or fax this form to the Board Office After five business days, follow up by checking the Board website under "License Verification" to make sure address change has been made and is correct

Name:		
First	Middle	Last
Social Security #		
Old Address:		
New Address:		
E-Mail Address:		
Work Phone:		
Please s	ber ture to include both the Alpha & the Number, i.e., W1-XXXXXX,	Numeric part of the
Note: If you need	a name change, the legal docur must be sent with your re	© •
List the type of Certification	Applicants for Certification you applied for	